

## Indiana Department of Revenue Claim For Refund

BATCH & ITEM NUMBER

State Form 615 (R/03-98)	Claim For R	efund	WARRANT	NUMBER & DATE
TYPE OF BUSINESS: Individual Part	nership Corporation	Other	Identifica	ntion Numbers
Name of Taxpayer			Social Sec	curity Number
Address			Federal Ident	tification Number
City	State	Zip	Taxpayer Idei	ntification Number
✓ CHECK TAX TYPE         ☐ Charity Gaming       ☐ Fiduciary         ☐ Cigarette       ☐ Financial Instit         ☐ Corporation       ☐ Food & Bevera         ☐ County Innkeepers       ☐ Gasoline		hemical Motor Carrie  MVR-Excise Oil Inspectio Other Overersize/C	Pre Spon	les & Use epaid Sales on Gasoline ecial Fuel derground Storage thholding
Year or Requested Refund Amount		nation of claimed refund. Pleas s (if necessary).	e attach supporting docu	amentation and/or additional
I hereby certify that the foregoing account is just a been paid. I further understand that this refund ma examined this form, including accompanying sched a refund for a year in which a joint return was  Signature	y be applied to any liability wulles and statements, and to the	hich I currently have outstandi best of my knowledge and belie	ng. Under penalties of pf it is true correct and con	perjury, I declare that I have
		wer of Attorney (Please Attach Government Center Nor 46204-2253	POA)	•
▼ THE	: SPACE BELOW IS FO	OR DEPARTMENT USE (	ONLY V	
County of tax payment:		District of tax payment:	·	
Year B & I Number of Return or Liability Number Paid	Amount Previously Refunded or Transferred	Amount Claimed as Refund Interest Paid From:	Interest Paid To: Interes	t Total Refunded
Auditor/Examiner Originating Refund	Date	TOTAL AMOUNT O	of refund	
Supervisor/Administrator Account Number	Date Claim Number	Commissions User Ident	er/Appointee ification Number	Date    Date   Special   Signature on File